

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

2009-56-T

(FORM 1)

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Evelene Stevenson
The Spirit of Old Beaufort

Telephone: 843-525-0459

Address: Gift Shop & Tours

Fax: 843-525-0459

mailing address: #19 Battery Lane
Beaufort, SC 29902

Other: 843-271-2478

Email: Evelene@thespiritofoldbeaufort.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

[Handwritten signature]

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE 1/25, 2009APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

- Evelene Stevenson dba
1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

The Spirit of OLD BEAUFORT

2. (a) Street Address of Applicant 1001 Bay Street
BEAUFORT, SC 29902

(b) Mailing address, if different from street address

#19 Battery Lane

BEAUFORT, SC 29902

RECEIVED

FEB 05 2009

PSC SC
DOCKETING DEPT.

(c) Telephone Number 843-525-0459 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

NONE

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

Posted
2/5/09 @
5:30 - Jbs

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7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: January Year: 2009

Assets:	
Cash	\$ 200
Receivables	
Real Estate	
Buildings and Equipment-Net	1400
Motor Vehicles-Net	
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	40,000
Total Assets	
Liabilities and Equity:	
Accounts Payable	560.00
Notes Payable	NA
Mortgages Payable	NA
Equipment Obligations	NA
Accrued Salaries and Wages	7.39 7.39
Other Accrued Obligations	14.84 284
Other Liabilities	4,780
Total Liabilities	6,363
Capital Stock	
Retained Earnings	59,305
Total Equity	28,292
Total Liabilities and Equity	

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Evelene J. Stevenson owner
(Name of Applicant's Representative) (Title)

of The Spirit of Old Beaufort, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Beaufort, SC

This the 2nd day of February 2009

[Signature]
(Notary Public)

Evelene J. Stevenson
(Signature of Applicant's Representative)

Commission Expires: Dec. 8, 2018

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Evelene Stevenson / The Spirit of Old Beaufort

For the transportation of passengers as follows:

Area to be served: 100 mile radius, Beaufort SC, Savannah GA, Edisto, Charleston SCNumber of passengers: 15 Dorchester, BerkeleyFares: \$23 Tour 2 1/2 hr. Island Tour
\$45 shuttle to airportDate 1/29/09Evelene L. Stevenson
ByOwner
Title

INSURANCE QUOTE

The following insurance quote is for:

Evelene Stevenson doing Business as The Spirit of Old Beaufort
(Name of Motor Carrier)

#19 Battery Ave, Beaufort, SC 29902
(Address of Motor Carrier)

Amount of Premium: \$3291

Liability Insurance 1,000,000 limit ^{CSL}

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Cornhusker Casualty Co.

(Insurance Company Name)

1725 Windward Concourse, Ste. 200, Alpharetta, GA 30005
(Home Office Address of Company) (Berkshire Hathaway)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/29/09

Date

[Signature]
(Authorized Insurance Company Representative)

(Kinghorn Insurance Agency of Beaufort)

Rev 5/07

EXHIBIT FWA

Name: Evelene Stevenson / The Spirit Of Old Beaufort

Location: 1001 Bay St Beaufort, SC 29902

Address: Billing address: #19 Battery Lane Beaufort SC 29902

Telephone No. 843-525-0459 Fax No. 843-525-0459

U.S.D.O.T. No.

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Evelene A. Stevenson
(Applicant's Signature)

Sworn to before me

At Beaufort, SC

This 29th day of January, 2009

[Signature]
(Notary Public)

Commission Expires: Dec. 8th 2018